



**cbc:**  
carmel bible college

registered address: 817a bath road brislington bristol bs4 5nl united kingdom  
t: 0117 977 5536 f: 0117 977 5678 e: info@cbc-uk.org w: www.cbc-uk.org

## APPLICATION FORM

### ATTACH 1ST PHOTO HERE

Passport Size  
Photos Only

### ATTACH 2ND PHOTO HERE

Do not send  
Application  
Without Photos

## FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Student ID No: \_\_\_\_\_

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Application fee               | <input type="checkbox"/> Interview   |
| <input type="checkbox"/> Minister's Recom.             | <input type="checkbox"/> Accepted    |
| <input type="checkbox"/> Personal Recom.               | <input type="checkbox"/> Rejected    |
| <input type="checkbox"/> Relative's Recom.             | <input type="checkbox"/> Conditional |
| <input type="checkbox"/> International                 | <input type="checkbox"/> Finance     |
| <input type="checkbox"/> Acceptance Letter Sent: _____ |                                      |

IT IS IMPORTANT that you read the Application Procedure before you complete this form. This will be found on a separate sheet enclosed in this application pack or if you downloaded this from our website then see Application Procedure on the Application page. Answer ALL questions relevant to your application. Any unanswered questions will result in your application being delayed. If the question does not apply write N/A.

The application fee for a first or second year UK or EU resident is £15 (single) or £20 (married couple), the fee for an international student is £40 (single) or £45 (married couple). The application fee for a Leadership Academy application is £20 (single) or £25 (married couple). The non-refundable application fee must accompany your application, as well as TWO passport size photographs (close up, head and shoulders only).

All recommendation forms must be filled out by the relevant people and returned directly to **cbc:** Your application can only be processed if you have followed all of the above instructions.

## APPLICATION FOR ADMISSION TO:

FIRST YEAR PROGRAMME     SECOND YEAR PROGRAMME     THIRD YEAR PROGRAMME

## A. PERSONAL AND GENERAL INFORMATION

### 1. FULL NAME

Title:     Mr     Mrs     Miss     Rev     Dr    Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

### 2. TELEPHONE NUMBERS

HOME NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

WORK NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

### 3. RESIDENTIAL ADDRESS \_\_\_\_\_

Post Code: \_\_\_\_\_

### 4. CORRESPONDENCE ADDRESS (IF NOT THE SAME AS ABOVE) \_\_\_\_\_

Post Code: \_\_\_\_\_

### 5. EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

**APPLICATION FORM**

**A. PERSONAL AND GENERAL INFORMATION**

5. **BIRTH DATE:** Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ 6. **NATIONALITY:** \_\_\_\_\_

7. **NIS NUMBER** \_\_\_\_\_ 8. **HOME LANGUAGE:** \_\_\_\_\_

9. **SEX:**             Male             Female

10. **INDICATE WHETHER YOU WILL BE ATTENDING cbc: AS:**     Individual     Married Couple

11. **LIST DEPENDANTS:**  
INCLUDE THOSE THAT YOU SUPPORT FINANCIALLY)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

12. **YOUR PRESENT OCCUPATION:** \_\_\_\_\_ 13. **NAME OF EMPLOYER:** \_\_\_\_\_

14. **ADDRESS OF EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

15. **NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY:**  
  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**TELEPHONE NUMBERS:**

HOME NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

DAYTIME NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

## APPLICATION FORM

### B. MARITAL STATUS INFORMATION

#### 1. MARITAL STATUS:

Single  Married  Widower  Divorced  Engaged  Widow  Separated  Remarried

a. Have you or your spouse been previously married?  Yes  No

b. If yes, give details: How many times: \_\_\_\_\_ Date of last marriage: \_\_\_\_\_

#### 2. PERSONAL DATA OF SPOUSE/FIANCÉ (E):

Title:  Mr  Mrs  Miss  Rev  Dr Other: \_\_\_\_\_

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

#### TELEPHONE NUMBERS

HOME NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

WORK NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

BIRTH DATE: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

NIS NUMBER: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

SECOND YEAR APPLICANTS, GO TO QUESTION 4

#### 3. OTHER DETAILS:

Is your spouse/fiancé(e) born again?  Yes  No

Is he/she filled with the Holy Spirit?  Yes  No

Will he/she be attending cbc with you?  Yes  No

#### 4. AGREEMENT:

Is he/she in agreement with your decision to attend **cbc**?  Yes  No

Is he/she in full agreement with **cbc**: terms and conditions?  Yes  No

To confirm agreement, signature of spouse required

\_\_\_\_\_

### C. SPIRITUAL DETAILS

SECOND YEAR APPLICANTS, GO TO SECTION D

1. Have you been born again according to John 3:3-6?  Yes  No

Place: \_\_\_\_\_ Date: \_\_\_\_\_

2. Have you received the Baptism of the Holy Spirit with the evidence of speaking in other Tongues according to Acts 2:4?  Yes  No

Place: \_\_\_\_\_ Date: \_\_\_\_\_

3. Have you been baptised as a believer by full immersion in water?  Yes  No

Place: \_\_\_\_\_ Date: \_\_\_\_\_

#### 4. State your fundamental beliefs:

Do you believe the Bible is God's inspired Word and the only infallible Guide in matters pertaining to conduct and doctrine?  Yes  No

Do you believe in the Trinity - that is God is One, but manifested in three Persons: the Father, the Son and the Holy Spirit?  Yes  No

Do you believe in the Deity of Jesus Christ, that He is God made flesh and that He is the only Mediator between God and man?  Yes  No

## APPLICATION FORM

### C. SPIRITUAL DETAILS CONT.

THIRD YEAR APPLICANTS, GO TO QUESTION 7

**5. Have you ever been involved with any of the following? Tick (F - Formerly, P - Presently)**

- |  |   |
|--|---|
| F P  | F P   |
| <input type="checkbox"/> <input type="checkbox"/> Spiritism/Spiritualism (Margaret & Kate Fox) | <input type="checkbox"/> <input type="checkbox"/> Free Masonry                      |
| <input type="checkbox"/> <input type="checkbox"/> Christian Science (Mary Baker Eddy)          | <input type="checkbox"/> <input type="checkbox"/> Mind Science/Hypnotism            |
| <input type="checkbox"/> <input type="checkbox"/> Scientology (L. Ron Hubbard)                 | <input type="checkbox"/> <input type="checkbox"/> Astrology/Fortune Telling/Occult  |
| <input type="checkbox"/> <input type="checkbox"/> The Unification Church (Sun Myung Moon)      | <input type="checkbox"/> <input type="checkbox"/> Sat Sungy/Hinduism/Buddhism       |
| <input type="checkbox"/> <input type="checkbox"/> The Worldwide Church of God (Armstrong)      | <input type="checkbox"/> <input type="checkbox"/> Hare Krishna (A.C. Bhaktivedanta) |
| <input type="checkbox"/> <input type="checkbox"/> Mormonism (Joseph Smith)                     | <input type="checkbox"/> <input type="checkbox"/> Islam (Muhammed)                  |
| <input type="checkbox"/> <input type="checkbox"/> Jehovah's Witnesses (Charles T. Russell)     | <input type="checkbox"/> <input type="checkbox"/> Baha'i (Mizra Ali Muhammad)       |
| <input type="checkbox"/> <input type="checkbox"/> Anything else (Specify)                      | If none of the above apply, write NA here:  |

**6. Have you ever attempted suicide:**

Yes  No If 'Yes', please explain briefly on a separate page

**7. Have you been counselled in the last six months concerning personal or family problems?**

Yes  No If 'Yes', explain briefly: \_\_\_\_\_  
Who counselled you? \_\_\_\_\_

**8. ADDICTIVE HABITS (Please give 'FACT' answers and not 'FAITH' answers):**

Have you ever used:

- Tobacco?  Yes  No If 'Yes', date last used: \_\_\_\_\_
- Alcohol?  Yes  No If 'Yes', date last used: \_\_\_\_\_
- Illegal or habit forming drugs?  Yes  No If 'Yes', date last used: \_\_\_\_\_
- What drug(s)? \_\_\_\_\_ How long for? \_\_\_\_\_

We feel that in order for the person to assume a leadership role in the Christian ministry, the highest standard of personal conduct is expected. This includes abstinence from the use of tobacco, alcohol or illegal drugs. If **cbc:** is notified that I have violated the above stated policy, it could be grounds for immediate dismissal.

I will abide by this policy  I cannot abide by this policy

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### D. MINISTERIAL DETAILS

**1. In which church/denomination do you consider yourself to have been raised?**

\_\_\_\_\_

**2. State the details of the church you currently attend:** \_\_\_\_\_

Name and address of Church: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

**APPLICATION FORM**

**D. MINISTERIAL DETAILS CONT.**

- 3. How long have you attended this Church? \_\_\_\_\_ If less than one year, explain briefly: \_\_\_\_\_  
\_\_\_\_\_
- 4. What is your position in the Church? \_\_\_\_\_
- 5. List Church activities you have been involved in and for how long: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Which Church did you attend before? \_\_\_\_\_

**SECOND YEAR APPLICANTS, GO TO SECTION H**

- 7. Do you have a definite call of God on your life to enter the ministry? (Into the Five Fold Ministry)  
 Yes     No     Not Sure  
If 'Yes', explain briefly when, how and why you know that you are called of God:  
\_\_\_\_\_
- 8. Identify the area(s) of ministry to which you feel God is calling/has called you:  
 Missions     Pastor     Helps     Evangelist     Teacher     Other (Specify): \_\_\_\_\_
- 9. Do you hold ministerial credentials with any organisation?  Yes  No  
If 'Yes' are you  Licensed?  Ordained? Which organisation/denomination? \_\_\_\_\_

**THIRD YEAR APPLICANTS, GO TO SECTION E**

- 10. If you are currently not involved with a church, please explain why on a separate page.

**E. CHURCH AFFILIATION AND REFERENCES**

- 1. Minister's recommendation given to (Must be your Pastor):  
NAME: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
TELEPHONE NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

**THIRD YEAR APPLICANTS, GO TO SECTION F**

- 2. (a) Personal recommendations given to (a) someone who has known you well for a year or more.  
NAME: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
TELEPHONE NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

**APPLICATION FORM**

**E. CHURCH AFFILIATION AND REFERENCES CONT.**

(b) Personal recommendations given to (b) a relative.

NAME: \_\_\_\_\_ CHURCH: \_\_\_\_\_

TELEPHONE NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

**F. EDUCATIONAL HISTORY**

1. Tick highest level of secular education attained:     GCSE     A Levels     Diploma     Bachelors  
 Honours     Masters     Doctorate     Other (Specify): \_\_\_\_\_

2. Have you ever been denied acceptance or been expelled, dropped or suspended from any  
School/College/University?                       Yes     No                      Date: \_\_\_\_\_

3. List the Secondary School and Tertiary educational institutions attended by you:

Name of School	From (Year) to (Year)	Diploma/Degree/etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FIRST YEAR APPLICANTS, GO TO SECTION G**

4. State which Bible Training Centre you attended: \_\_\_\_\_

5. Confirm number of years attended:     One     Two

6. State the year that you graduated: \_\_\_\_\_

**G. OCCUPATIONAL HISTORY**

1. Please list your present and past work experience starting with your present employer:

Name of Employer	From (Year) to (Year)	Occupation/Duties Performed
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List any occupational/professional skills you possess:  
\_\_\_\_\_

## APPLICATION FORM

### H. FINANCIAL HISTORY

The Administrators of cbc: are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his/her financial responsibilities are very significant to a successful ministry. Thus, we desire the following information:

1. Please indicate how you plan to pay your expenses:

- Spouse Employment                       Savings                       Parents (Amount Promised) £ \_\_\_\_\_  
 Sponsor (Amount Promised) £ \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_ (Amount Promised) £ \_\_\_\_\_

If sponsored, signature of sponsor is required:

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature of sponsor or parent(s) (if applicable).

**THIRD YEAR APPLICANTS NOTE:** The content of the Third Year Programme will not enable you to work whilst you study. Thus, we require proof of your ability to pay your expenses without working.

2. Have you had any civil or criminal proceedings against you?                       Yes                       No  
 If Yes, explain and include all charges and sentences for the last twenty years on a separate sheet.  
 If Imprisoned, include the date of your release: \_\_\_\_\_

3. Are there currently any judgements against you?                       Yes                       No  
 If Yes, explain: \_\_\_\_\_

### I. MEDICAL DATA

1. Height:                      m                      cm                      Weight:                      kg

2. Indicate by ticking your physical condition (E - Excellent, G - Good, F - Fair, P - Poor)

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>E</b>                 | <b>G</b>                 | <b>F</b>                 | <b>P</b>                 | <b>E</b>                 | <b>G</b>                 | <b>F</b>                 | <b>P</b>                 | <b>E</b>                 | <b>G</b>                 | <b>F</b>                 | <b>P</b>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Health           |                          |                          |                          | Heart                    |                          |                          |                          | Eyes/Eyesight            |                          |                          |                          |
| Lungs                    |                          |                          |                          | Kidneys                  |                          |                          |                          | Ears/Hearing             |                          |                          |                          |

3. Relate any illnesses/conditions that you have had/presently have:  
\_\_\_\_\_

4. Have you ever been committed/voluntary patient in a mental hospital/sanitarium?  
 Yes                       No  
 If Yes, specify date, reason, name of doctor and address of sanitarium:  
 \_\_\_\_\_

5. Do you have any physical disabilities?                       Yes                       No  
 If Yes, specify: \_\_\_\_\_

6. Do you have any known drug allergies?                       Yes                       No  
 If Yes, specify drug (s): \_\_\_\_\_

**APPLICATION FORM**

**I. MEDICAL DATA CONT.**

7. Are you presently taking any form of medication?  Yes  No  
If Yes, name of medication/drug: \_\_\_\_\_ How often? \_\_\_\_\_  
Name of attending Physician: \_\_\_\_\_

8. Medical Consent:  
"I hereby grant permission to cbc: or its consulting physician to render to me any emergency treatment, medical or surgical care that might be deemed necessary. When necessary for executing such care, I also grant permission for hospitalisation at an accredited hospital."

You must tick YES or NO and sign on the line below  Yes  No

\_\_\_\_\_ Date  
Applicant must sign

**J. DECLARATION**

SECOND YEAR APPLICANTS, GO TO QUESTION 3  
THIRD YEAR APPLICANTS, GO TO QUESTION 4

- 1. Explain briefly on a separate sheet why you want to attend carmel: bible college.
- 2. Have you previously submitted an application to attend **cbc:?**  Yes  No Date: \_\_\_\_\_
- 3. I am planning to attend cbc: under an international study visa:  Yes  No
- 4. If under 18 years, has consent of parent(s)/guardian been obtained for your studies at **cbc:?**  
 Yes  No

\_\_\_\_\_ Date  
Signature of parent(s)/guardian

5. "I understand that all items submitted to cbc: as part of the application process will not be returned. I hereby state that all the information contained in this application is correct and true. If **cbc:** is notified that any of this information is false, it could be grounds for immediate dismissal."

\_\_\_\_\_ Date  
Signature of applicant

**Data Protection Act**

Unless otherwise informed, all relevant information contained in this application form will be kept on the **cbc:** database for use by cbc: to maintain student records. It is the policy of **cbc:** and **cla:** not to pass your information to third parties, but to keep you informed of events as necessary.